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Division of Corporations

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: (850)617-6380

From:

Account Name

: DDS TAMPA TAX SERVICE

Account Number : I20140000115

Phone Fax Number : (813)882-8426 : (813)884-0263

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN MD TILE INSTALLATION INC

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Tallahassee, FL 32301

## COVER LETTER

TO: Amendment Section Division of Corporations	3
NAME OF CORPORATIO	MD TILE INSTALLATION INC
DOCUMENT NUMBER: P	212000100515
The enclosed Articles of Ame	endment and fee are submitted for filing.
Please return all corresponder	nce concerning this matter to the following:
DIEGO	O DELARME
	Name of Contact Person
.9044 A	Firm/ Company ALLEN CIR
TAMP	Address PA FL 33615
	City/ State and Zip Code
. <u>E</u> -	-mail address: (to be used for future annual report notification)
For further information conce	iming this matter places gall
TO THE DEL BROTTE AND TO THE	Timig this matter, prease can.
DIEGO DELARME	at (813 493-2708
Name of Conta	act Person Area Code & Daytime Telephone Number
Enclosed is a check for the fol	flowing amount made payable to the Florida Department of State:
	\$43.75 Filing Fee & \$\sum \\$43.75 Filing Fee & \$\sum \\$\$52.50 Filing Fee Certificate of Status
	(Additional copy is Certified Copy enclosed) (Additional Copy is enclosed)
Affailia = 4.3	and the second s
Mailing Ad Amendment	
Division of	Corporations Division of Corporations
P.O. Box 63	

## Articles of Amendment to Articles of Incorporation of

MD TILE INSTALLATION INC
(Name of Corporation as currently filed with the Florida Dept. of State)
P12000100515
(Document Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) tits Articles of Incorporation:
A. If amending name, enter the new name of the corporation:
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association." or the abbreviation "P.A."
B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
· · · · · · · · · · · · · · · · · · ·
C. Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
D. If amending the registered agent and/or registered office address in Florida, enter the name of the
new registered agent and/or the new registered office address:
Name of New Registered Agent
Charle Di Mar Alexandre du Martin
(Florida street address)
(Piorial sireel address)
New Registered Office Address: , Florida, Florida
(City) (Zip Code)
Now Demistered Amenta Circumstance of the second Theorem 18 and 1
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.
, and a suppose of the position of the positio
Signature of New Registered Agent, if changing

Example:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	<u>PT</u> <u>Joi</u>	un Doe	
X Remove	<u>V</u> <u>Mi</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
i)Change	D	MICHAEL W. CRISTIANISMO	4302 GUNN HWY
X Add	· · · · · · · · · · · · · · · · · · ·		TAMPA FL 33618
Remove			
2) Change			· · · · · · · · · · · · · · · · · · ·
Add			
Remove			
3) Change			
Add			· · · · · · · · · · · · · · · · · · ·
Remove	,		
4) Change			
Add			
Remove			
SiChange	· · · · · · · · · · · · · · · · · · ·		·
Add			· · · · · · · · · · · · · · · · · · ·
Remove			
6)Change			· · · · · · <u>- · · · · · · · · · · · · ·</u>
Add			· · <del></del>
Remove			<u> </u>

. If smending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
· · · · · · · · · · · · · · · · · · ·	
	•
	<del>-,</del>
	<del></del>
If an amendment provides for an exchange, reclassification, or cancellation of issued shares,	
provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	
(y not appricable, traicate NA)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	<del></del>
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date we document's effective date on the Department of State's records.	vill not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	· ·
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 11/07/17	
Signature DiEGO DOLPZ	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fictuciary by that fiduciary)	
DIEGO DELARME	
(Typed or printed name of person signing) PRESIDENT	
(Title of person signing)	<del></del>